LOBBYING REGISTRATION FORM
To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: _3/20/08_

Reg - 08
_ck#1357_
_$110⁰⁰_

1072114

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME _Stewart_ _Steven_ _Christopher_
   Last   First   MI

2. BUSINESS PHONE _225 · 389 - 4888_
   Area Code and Phone Number

3. BUSINESS ADDRESS _1100_ _Laurel St_ _B.R._ _LA_ _70621_
   Street and No.   City   State   Zip

   MAILING ADDRESS _P.O. Box 4351_ _B.R._ _LA_ _70821_
   Street and No.   City   State   Zip

4. EMPLOYER _Baton Rouge City Police Department_

5. EMPLOYER'S ADDRESS _704 Mayflower_ _B.R._ _LA_ _70802_
   Street and No.   City   State   Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

   1. Name _Baton Rouge Union of Police_ _Local 237_

   Address _P.O. Box 4351 B.R. LA 70802_

   Business or purpose _Labor Union (Baton Rouge Police Department)_

   Does this person pay you? _Expense Account only_

   If No, who pays you? _N/A_

Form-500, Rev. 10/2002

HAND DELIVERED

LOBBYING REGISTRATION FORM

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____
Signature of Lobbyist

Form 500, Rev. 10/2002